



Electrical Permit Application
Development Services Center
810 Union Street, 1st Floor, Norfolk, Virginia 23510
(757) 664-6565

ELEC Permit # _____

BLDG Permit # _____

Location of Work _____ Unit/Lot _____ Application Date _____

Applicant:

☐ Owner

☐ Contractor

☐ Agent

☐ Design Professional

OR

☐ Property Owner

☐ Tenant

Name _____

Address _____

City/State/Zip _____

Phone # _____ Fax # _____

E-Mail Address _____

Contractor State License # _____ Class ☐ A ☐ B ☐ C

Electrical Co. Name _____

Contact's Name _____

Address _____ City/State/Zip _____

Phone # _____ Fax # _____ Cell Phone # _____

E-Mail Address _____

Type of Property: ☐ Residential

☐ Multi-Family

☐ Commercial

Type of Work: ☐ New Structure

☐ Repair/Alteration

Project Cost \$ _____

QUANTITY	EQUIPMENT				QUANTITY	CIRCUITS OR FEEDERS
#	New Service/ Panel Upgrade	_____	AMPS	_____ PHASE	#	0-20 amps
#	Panel Replacement	_____	AMPS	_____ PHASE	#	21-40 amps
#	Meter Base	_____	AMPS	_____ PHASE	#	41- 60 amps
#	Temporary Release	_____	AMPS	_____ PHASE	#	61-150 amps
#	Pool Grounding	_____	AMPS	_____ PHASE	#	151-200 amps
#	Temp Pole/ Constr. Trailer	_____	AMPS	_____ PHASE(up to 100 amps)	#	_____ amps
#	Generator (Transfer Switch)	_____	AMPS	_____ PHASE	#	_____ amps
#	Sub Panels	_____	AMPS	_____ PHASE	#	_____ amps

REMARKS: _____

Office Use Only

I agree to work in conformity to the ordinances & regulations of the City of
Norfolk & Virginia Uniform Statewide Building Code. **VUSBC 20**

Print Name: _____

Signature: _____

Date: _____

Flood Zone: _____ Zoning App: _____

Approved by _____ Date _____

Permit Fee \$ _____ Admin Fee \$ _____ Tech. Fee \$ _____

Cash _____ Check # _____ Credit _____

Remarks _____



Agreement

I, _____, am the owner or owner's authorized representative for property located at _____ in the City of Norfolk. We are requesting temporary electric power at this location. I (We) acknowledge that before this building is inhabited, that a final inspection must be approved and a Certificate of Occupancy must be issued by the City of Norfolk. I further acknowledge that if this agreement is not kept, this permit may be invalidated.

In addition, I (we) agree to maintain the building and the premises safe, free of dangerous conditions.

Signature

Date

Asbestos Inspection Exemption

I certify that the above building is exempt from the Asbestos Inspection, as required by the Commonwealth of Virginia for the following reason (check one):

- ☐ 1. Single family dwelling or residential housing with four (4) or fewer units not being renovated / demolished for commercial or public development.
- ☐ 2. The combined amount of regulated asbestos containing material involved is:
 - a) less than 260 linear feet of material on pipes, or
 - b) less than 160 square feet on other facility components, or
 - c) less than 35 cubic feet of facility components where the length or area cannot be measured.
- ☐ 3. Buildings for which an initial building permit was issued after January 1, 1985.

Signature of Owner or Authorized Agent

Date

*****STOP HERE IF ANY EXEMPTION IS APPLICABLE*****

Asbestos Certification

I, _____, certify that the affected portions of the building
(*Building Owner or Agent*)

located at _____ has been inspected for the presence of asbestos and
(*Building Address, Floor / Suite Number*)

complies with the Code of Virginia, S 36.99.7 and the Virginia Uniform Statewide Building Code, Section 110.3, and Section 108.1, Asbestos Survey Standards for Building to be renovated or demolished, as promulgated by the Virginia General Services Department, 'Clean Air Act' (NESHAP) and OSHA, 'Standards for Construction Workers'.

Signature

Date